



## PLUMBERS AND IRRIGATORS APPLICATION INSTRUCTIONS—PLEASE READ CAREFULLY

**Applications that are incomplete or missing required documents will not be processed and will be returned to the applicant.**

1. Submit a legible government-issued identification (e.g., driver's license or passport) must be attached to the application.
2. Submit the last two (2) pages of this packet with the application signed and **notarized**.
3. AN APPLICATION FEE OF **\$75.00** is required to process your application. This is a **NON-REFUNDABLE APPLICATION FEE**. Check or money order should be made payable to the RI Department of Labor and Training. (Credit cards accepted – in person only).
4. Must submit a separate, detailed, **NOTARIZED** statement, on company letterhead, signed by a present or past employer stating all work-related experience. **\*\*\* Please detail your work experience thoroughly \*\*\***
5. All Plumber Master applications require verification of experience in their respective trade for at least five (5) years and must possess a journeyperson's license. Plumber Journeyperson's License must be valid for at least one (1) year prior to the master's test. Plumber Journeyperson applications require verification of at least five (5) years experience in their respective trade, and 576 hours of related instruction approved by the Department of Labor and Training.
6. The examination to be administered consists of 50 multiple choice questions based on 2018 IPC (International Plumbing Code).
7. **For all Rhode Island Indenture Apprenticeship Journeyperson Testing Only**  
A Certificate of Completion of Apprenticeship issued by the RI Dept. of Labor and Training Apprenticeship Office for all Indentured Apprentices applying for a Plumbing Journeyperson exams. An Apprentice Completion form can be obtained at: <https://dlt.ri.gov/employers/register-apprenticeship/manage-your-program>
8. All out-of-state applicants must provide proof of current licensure from their respective state and a letter of good standing.
9. All Irrigation Apprentices must submit a **notarized** letter on company letterhead with date of hire and job description.
10. All Irrigator Apprentices must complete the ratio sheet by Master Irrigator and must be signed.

**Recommended Study Material:** [dlt.ri.gov/study-material](https://dlt.ri.gov/study-material)

### **Study Guide For Irrigation Licensing:**

1. Understanding the effects of water pressure and flow rates and how it effects sprinkler design.
2. The principles of backflow preventers and back siphonage.
3. Refer to **The Complete Irrigation Workbook** by Larry Keesen.
4. 2018 ICC Plumbing Study Companion
5. Basic understanding of low voltage wiring, zone valves and control wiring.
6. Licensing requirements for irrigation installers.
7. Requirements for operating heavy equipment backhoes and trenching machines.

**View your application status online:** [dltweb.dlt.ri.gov/profregsonline/ApplicationStatus](https://dltweb.dlt.ri.gov/profregsonline/ApplicationStatus)

**Ratio sheet:** [dlt.ri.gov/sites/g/files/xkgbur571/files/2024-08/Company\\_Ratio.pdf](https://dlt.ri.gov/sites/g/files/xkgbur571/files/2024-08/Company_Ratio.pdf)



# RI Department of Labor and Training *Workforce Regulation and Safety*

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## **THIS IS AN IMPORTANT NOTICE**

If you do not understand the enclosed notice, please contact this office in the RI Department of Labor and Training, Division of Workforce Regulation and Safety to speak with a Spanish interpreter. Spanish interpreters are available to assist you. If you are attending a hearing, you cannot use your own interpreter. The Division of Workforce Regulation and Safety will provide an interpreter for you. It is important that you call the Division of Workforce Regulation and Safety at (401) 462-8580 at least seven (7) days prior to your hearing to request an interpreter.

The Division of Workforce Regulation and Safety is responsible to provide interpreter services at no cost to you. You are responsible for requesting these services in accordance with the procedures outlined in this notice.

### **PLEASE NOTE:**

Interpreters are available to assist customers in languages other than Spanish. Please contact the Division of Workforce Regulation at (401) 462-8580 to request an interpreter or written translation in a language other than Spanish.



### Non-Refundable Processing Application Fee

	Computer Code	Application Fee	2 Year License Fee*
<b><u>PLUMBERS and IRRIGATORS:</u></b>			
Contractor Master	049	\$75	\$240
Master Plumber	050	\$75	\$240
Master Irrigator	053	\$75	\$240
Journeyman Irrigator	054	\$75	\$72
Apprentice Irrigator 1 Year Fee	055	No Test	No Fee
<b><u>OUT-OF-STATE APPLICANTS:</u></b>			
Journeyman Plumber	051	\$75	\$72
 <b>Effective January 1, 2017, there are new licenses as part of plumbers. These licenses are being grandfathered until January 1, 2018, without examination:</b>			
<b><u>RESTRICTED ENDORSEMENTS:</u></b>			
Master water-filtration/treatment-system installer	56	\$75	\$240
Journeyman water-filtration/treatment-system installer	57	\$75	\$72

\* Individuals who achieve a passing score of 70 or greater will be invoiced for the License Fee.





**PLUMBERS AND IRRIGATORS — APPLICATION FOR EXAMINATION**

**Application Must be Printed CLEARLY**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name (Last, First + Middle Initial): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home or Mobile Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Exam Applying For: \_\_\_\_\_ Computer Code: \_\_\_\_\_

Do you need this exam in a language other than English?    Yes    No    If yes, what language? \_\_\_\_\_

Employer: \_\_\_\_\_

If Self Employed, Company Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Applicant must answer all questions on both pages truthfully and swear to the same before a NOTARY PUBLIC. Penalties for false information are as itemized in the General Laws of Rhode Island and Addendum. Statement may be investigated and verified for truthfulness.

**General Listing of Work History:**

1. Name of Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
 • Dates Worked: From: \_\_\_\_\_ To: \_\_\_\_\_
2. Name of Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
 • Dates Worked: From: \_\_\_\_\_ To: \_\_\_\_\_
3. Name of Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
 • Dates Worked: From: \_\_\_\_\_ To: \_\_\_\_\_

**Education** - List all education and schooling that you have received in the plumbing and irrigation trade.

1. Location: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_  
 • Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_
2. Location: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_  
 • Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_
3. Location: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_  
 • Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

You must list any VALID LICENSES YOU NOW HOLD with the Department of Labor and Training.

1. Type of License: \_\_\_\_\_ 2. Type of License: \_\_\_\_\_ 3. Type of License: \_\_\_\_\_

Listed employers or customers may be sent forms to attest to the truthfulness of all statements on this application and these will have to be sent back to this division, properly notarized, before any action is taken on this licensing test application.

### Public Notary Acknowledgement

In \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
before me personally appeared \_\_\_\_\_ to me known and known by me to be the party(ies)  
executing the foregoing instrument, and he/she/they acknowledged said instrument, by him/her/they executed by them as their  
free act and deed.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature and Seal: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Submit ONLY this page and the prior page with required documents to:

Rhode Island Department of Labor and Training  
Division of Workforce Regulation and Safety  
Professional Regulation Unit  
PO Box 20247  
Cranston, RI 02920-0943  
Telephone (401) 462-8580

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS AREA

Test Fee Paid: CHECK CREDIT MO \_\_\_\_\_ Division/Commission Approval for Test \_\_\_\_\_

Comments / Date Approved: \_\_\_\_\_

Date Paid: \_\_\_\_\_